

Jefferson Community College
1220 Coffeen Street
Watertown, New York 13601
(315)786-2355 (Financial Services)
Fax: (315)786-2349
financialservices@sunyjefferson.edu

Payment Authorization

Student Name: _____

CWID or J#: _____

Method of Payment (check one):

Check Money Order Credit Card (see below)

Please address Check or Money Order to Jefferson Community College, then mail to the address above.

Credit Card payments may be mailed, faxed, emailed* or phoned in to the Bursar.

Credit Card:

I authorize Jefferson Community College to charge tuition and fees attached to this online registration to my credit card indicated below. Not to exceed \$ _____

If Credit Card Payment, please provide the following information:

Card Type (check one): VISA MASTERCARD DISCOVER

Account Number: _____

Security Code: _____

Expiration Date: _____

Cardholder's Signature: _____

*To email, fill out this form in your word processor, save the file, then attach to an email. Or copy and paste the completed form into an email.

Disclaimer: Please be advised that email is not encrypted.